Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Primary Care Commissioning Committee

Date: 30th March 2021
Time: 9:30am
Location: Microsoft Teams

Agenda Number :	5
Title:	Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) March 2021
Purpose: approval	
Key Points for Discussion:	
The Primary Care Commissioning Committee oversees and seeks assurances risk relating to Primary Care. This includes risks concerning contracting, planning and strategy, financial planning and management and primary care quality, workforce, premises, and IT. The Committee is responsible for reviewing those risks that are relevant to its business and ensuring that appropriate and effective mitigating actions are in place. Risks assigned to the Committee for review are indicated on both the CRR and the GBAF. The key discussion points are: • The amendments and additions to the CRR specifically relating to the Committee's remit since its last review • Consideration of new risks added and whether these fall within the Committees remit • Review of those risks recommended for closure to ensure the Committee is assured that the risk score has been sufficiently reduced • The principal objectives and risks reported on the GBAF specifically relating to the Committee's remit	
Recommendations:	• review and ensure that appropriate and effective mitigations are in place for risks reported on the CRR and GBAF and specifically those areas relating to the Committee's remit • Review those risks recommended for closure to ensure the Committee is assured that the risk score has been sufficiently reduced • consider whether the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) are an accurate reflection of the risks brought to the committee's attention • consider whether other objectives and risks reported on the GBAF fall within the committee's remit
Previously Considered By and feedback :	The Corporate Risk Register and the Governing Body Assurance Framework are reviewed monthly by Directors and received and discussed at the monthly Quality Committee, Strategic Finance

<table>
<tr><td></td><td>Committee and Commissioning Executive meetings.</td></tr>
<tr><td>Management of Declared Interest:</td><td>The Governing Body and each Committee receives a register of its members declared interests as a standing item. There are no declared risks relating the CRR and the GBAF and the risks reported.</td></tr>
<tr><td>Risk and Assurance:</td><td>The CRR and the GBAF show the current position of those risks scored at 15 and over using the 5x5 risk scoring matrix and the principal risks to the CCG’s principal objectives</td></tr>
<tr><td>Financial / Resource Implications:</td><td>As part of the Risk Management Framework the CRR and the GBAF are used to identify the impact of risks including financial risks. A moderation stage is used to ensure consistency in reporting financial risks across the CCG. Financial risks reported on Directorate Risk registers are reviewed corporately and an impact risk score is applied. If the risk score is reduced the risk is not added to the CRR and the Directorate is informed. The budget baseline applied is the CCG overall resource allocation.
<table>
<tr><th>Score</th><th>Impact</th></tr>
<tr><td>1</td><td>small loss/risk of claim remote</td></tr>
<tr><td>2</td><td>Loss of 0.1% to 0.25% of budget (£1m to £3.5m)</td></tr>
<tr><td>3</td><td>Loss of 0.25 % to 0.5% of budget (£3.5m to £7m)</td></tr>
<tr><td>4</td><td>Loss of 0.5% to 1% of budget (£7m to £14m)</td></tr>
<tr><td>5</td><td>Loss of > 1% of budget (£14m+)</td></tr>
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<tr><td>Legal, Policy and Regulatory Requirements:</td><td>The CRR and GBAF are mechanisms for reporting risk and do not have legal implications. Where there are risks relating to legal and regulatory matters these are reported on the documents</td></tr>
<tr><td>How does this reduce Health Inequalities:</td><td>No health inequalities issues arise from this report. The Corporate Risk Register and the Governing Body Assurance Framework report significant risks; where there are risks related to Health Inequalities that are over the risk scoring threshold of 15 and above or related to a principal objective these will be reported.</td></tr>
<tr><td>How does this impact on Equality & diversity</td><td>No inequalities issues arise from this report, and there is no impact upon people with protected characteristics. The Corporate Risk Register and the Governing Body Assurance Framework report significant risks; where there are risks related to inequalities that are over the risk-scoring threshold of 15 and above or related to a principal objective these will be reported.</td></tr>
<tr><td>Patient and Public Involvement:</td><td>Not applicable to this report</td></tr>
<tr><td>Communications and Engagement:</td><td>The Corporate Risk Register and Governing Body Assurance Framework are shared monthly with Risk Leads, Risk Administrators and Directors for updating. The Governing Body Assurance Framework and Corporate Risk Register are public documents available on the CCG website</td></tr>
<tr><td>Author(s):</td><td>Sarah Carr, Corporate Secretary</td></tr>
<tr><td>Sponsoring Director</td><td>Sarah Truelove, Chief Financial Officer</td></tr>
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Agenda item: 5

Report title: Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) January 2021

1. Background

The Governing Body Assurance Framework (GBAF) identifies where there are risks to the CCG's principal objectives, the controls in place to mitigate those risks and the assurances available to the Governing Body and Primary Care Commissioning Committee that risks are managed. The GBAF indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. The Corporate Risk Register (CRR) is a mechanism for reporting to the Governing Body, its Committees and the Primary Care Commissioning Committee, risks that have been scored above 15 using the CCG scoring matrix. Through review and scrutiny of the reported risks, and the mitigations, in place and planned, to reduce these risks, the Governing Body, its Committees, and the Primary Care Commissioning Committee ensure suitable oversight of key risks.

2. Corporate Risk Register

Those risks rated at 20 and above on the CRR are highlighted below:

ref	risk description	current risk score	Date added
BNSSG Commissioning 7	There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population. This risk includes the challenges of the current crisis pathway that could be more effective - currently there are a high number of people placed out of area, high numbers of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.	**4x5 =20**	1.05.20
BNSSG Commissioning 10	Risk of failure to recover 52 week wait performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52 week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines. The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower	**4x5 =20**	1.05.20

	due to the additional IPC requirements and continued reduction in routine activity.		

Two risks previously scored as 20 on the CRR which have been reviewed and the risk score reduced are detailed below.

ref	risk description	current risk score	new risk score
BNSSG Commissioning 11	Cancer patients are at risk of potential harm if there are delays in the cancer pathway. There is an increased risk for cancer patients as a result of the Covid pandemic- due to reduced referral levels which may result in later presentations, reduced access for some tests- especially endoscopy and issues of balance of risk for patients who are shielding.	**4x5 =20**	**4x4=16**
BNSSG Commissioning 36	As a result of long wait times for diagnostic tests and failure to meet the DMO1 standard in endoscopy, CT and MRI there is a risk of harm to patients as a result of delayed diagnosis. There is an increased risk of delay in diagnostics due to the Covid pandemic. This is due to a combination of reduced efficiency due to IPC procedures and workforce issues and capital/ space issues. The risk score for this risk has been reduced to 16	**4x5 =20**	**4x4=16**

3. Updates to the Corporate Risk Register

Risks added to the CRR are highlighted in red text on register. Updates to the CRR made since its last review are highlighted in blue on the register. Since the January review of the CRR by the Governing Body and PCCC five risks have been added to the CRR.

ref	risk description	current risk score	Committee
BNSSG Commissioning 42	There is a risk of increasing health inequality in patients with cancer or at risk of cancer because of potential differences in delayed diagnosis and poor outcomes across different population groups. Our understanding of this risk is still developing as local and national data is gathered and analysed.	4x4=16	Quality Committee
commissioning	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR	4x4=16	Clinical Executive

	There is a risk that due to poor data quality at Weston hospital that performance data for all services may not be accurate. This could result in lack of oversight of genuine wait times for planned care pathways and urgent care performance and activity.		
transformation-	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of COVID19, there is a risk that delivery of the Long Term Plan deliverables and goals will not be achieved, and impacts cannot be measured, which may result in increasing delays, poor experience and poor value care.	5x3=15	tbc
transformation-	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of patients not presenting to services early There is a risk that patients will present at a later stage of cancer Which may result in patients requiring more extensive treatment and patients will not be given the best chance of survival Long Term Plan target = 75% of cancers are diagnosed at stage 1 and 2 by 2028. In 2017 of those cancers which were staged 56% were stage 1 and 2	4x4=16	tbc
Area Teams	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of delays to the mobilisation of the Sirona community contract due to COVID-19 and the variability of maturity of integrated partnership development across localities, there is a risk that the activation of integrated frailty service provision may be delayed in BNSSG, which may affect the realisation of benefits set out in the Integrated Frailty business case	**5x3=15**	Clinical Executive

Risks where risk scores have been reduced to below the threshold of the CRR are given below. In each case the committee with oversight confirmed that it had been assured regarding the review and revision of the risk score.

ref	risk description	current risk score	Committee
commissiong	National outbreak of Influenza Pandemic leading to up to 50% of population affected across the country making it a national catastrophic incident February 2021: mitigation in place through seasonal influenza	3x4=12	Clinical Executive

	vaccination programme. Circulating flu figures remain low. At present this risk is reducing in nature.		
BNSSG Commissioning 18	EU Exit (Brexit) D20 (December 2020) EU transition • Supply of medicines and vaccines; • Supply of medical devices and clinical consumables; • Supply of non-clinical consumables, goods and services; • Workforce; • Reciprocal healthcare; • Research and clinical networks • Data sharing, processing and access. Deal signed 24/12/2020.	3x4=12	Clinical Executive
-	As a result of COVID-19 there is a risk that some transformation programmes will be delayed, with the result that we will not meet our 5 year plan objectives in some areas This risk was reviewed by the Executive Team 20.01.21 and it was agreed that the risk was now covered in individual risks reported on both CRR and DRRS and through the GBAF. It was agreed to recommend the risk was closed	**1x4=4**	Clinical Executive
Transformation CYP	The EOI for the mental health support teams was submitted in March 2020 including each of the 3 areas on an equal basis. We have had confirmation that funding will be received There is a significant well recognised gap in resources in North Somerset however questions have been raised about locality readiness to implement the programme in this round in part due to the gap, and a lack of capacity while the transfer to with CCHP and AWP is completed. Feb 21 - Paper being taken with recommendation to Clinical Executive Committee 11th Feb for site of 3rd team and conclusion to this discussion Should it be approved risk will greatly reduce.	**3x4=12**	Quality Committee
Area teams	As a result of delays to the mobilisation of the Sirona community contract due to COVID-19 and the variability of maturity of integrated partnership development across localities, there is a risk that the activation of integrated frailty service provision may be delayed in BNSSG, which may affect the realisation of benefits set out in the Integrated Frailty business case CMc and HF met 03.02 to discuss risk and placement. Maintain hold in AD Risk reg for time being. Update on Sirona Transformation programme requested by Commissioning Dir with a proposal to be reviewed/next steps agreed by Rachel Anthwal	**3x3=9**	Clinical Executive

4. Governing Body Assurance Framework

Each committee should review the principal objectives and risks assigned to it to ensure that the information provided is line with the committee's expectations and challenge should be provided to ensure actions are being completed as expected. The Executive team carries out a monthly review of the GBAF. The GBAF at appendix 2 was received at the January Governing Body meeting. The table below summaries the principal objectives and risks assigned to the Primary Care Commissioning Committee for review and scrutiny. The Committee is invited to consider whether other objectives on the GBAF fall within its remit:

Objective	Risk for oversight
Covid: This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework	As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework
Integrated Care Partnerships: To develop Integrated Care Partnerships to establish personalised preventive and proactive model of care at a locality and neighbourhood level. Underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all	Without all system partners having strong engagement, understanding, shared purpose and commitment to developing ICPs, there is a risk that improvements in health outcomes and the benefits of ICPS are not achieved
Delivery of an integrated, efficient, Funded Care service achieving the "leading" level of the CHC Maturity Framework with high levels of positive patient experience and staff satisfaction	As a result of a lack of regular and accurate data, there is a risk that decisions made to support the transformation are not data driven which may result in not achieving 'leading' on the maturity framework, a poor service for the individuals and inequalities in the way we support our population.

Appendices

Appendix 1 Corporate Risk Register
Appendix 2 Governing Body Assurance Framework

BNSSG CCG Corporate Risk Register 2020-21 March 21 V1

The Corporate Risk Register identifies the high level risks (15+) within the CCG. It sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact.
The Corporate Risk Register is received by the Governing Body 6 Monthly, by the Audit Governance and Risk committee Quarterly and by the executives bi-monthly.
Risk is assessed by multiplying the impact/Severity of a risk materialising by the likelihood/probability of it materialising using the risk assessment matrix set out in the CCG Risk Management Strategy .
Risks are also mapped against the CCG risk appetite and accepted risk limits to provide an indicative acceptable risk level. Where a risk maps to more than one principal objective the lowest level of risk appetite and risk limit is given. It is for the Governing Body to decide if these risk limits are appropriate for each individual risk

										Risk Rating						
Directorate or Project	**Risk Ref**	**Principle Objective Ref**	**Date Logged**	**Description of Risk** *As a result of …* *There is a risk that …* *Which may result in ...*	**Mitigating Actions**	**Progress on Actions**	**Gaps in Mitigating Actions**	**Committee Responsible for Reviewing**	**Director**	**Risk Owner (for Updates)**	**Initial Risk (LxI)**	**Current Risk (LxI)**	**Movement of current risk**	**Residual (Target) Risk (LxI)**	**Target date for completion of actions**	**Risk open or closed (If closed specify date)**	**Last reviewed**
Commissioning Directorate	11	N/A	13.04.18	~~Cancer patients are at risk of potential harm if there are delays in the cancer pathway.~~ ~~There is an increased risk for cancer patients as a result of the Covid pandemic due to reduced referral levels which may result in later presentations, reduced access for some tests especially endoscopy and issues of balance of risk for patients who are shielding. There is an risk of potential harm~~ ~~Which may result in later presentation of suspected cancer~~ **As a result of delays in cancer pathways due to the Covid pandemic due to reduced referrals, reduced access to some investigations and issues of balancing the risk for patients who are shielding** **There is a risk that patients will present at a later stage of cancer** **Which may result in patients requiring more extensive treatment and patients will not be given the best chance of survival**	~~Clinical validation of waiting lists completed by providers and reviewed by the CCG Quality team monthly.~~ ~~Where providers identify potential harm CCGs require evidence of mitigating actions.~~ ~~Contractual systems in place to monitor and manage performance through APG and ICQPM's~~ ~~Hospital focussed improvement programmes~~ ~~Monthly breach meetings with providers~~ ~~Partnership engagement in STP-wide cancer system working~~ ~~Engagement with SWAG Cancer Alliance~~ ~~Monthly review of cancer performance indicators~~ ~~Ongoing monitoring of patient harm through existing CCG quality governance~~ ~~Oversight of funding for projects associated with Alliance national support fund~~	**March 21: No new actions** Jan/Feb 2021: P1 and P2 activity is still prioritised and patients are still prioritised for suspected cancer. Mutual aid has been sought as required to support safe and timely management of cancer patients. The surge plan for EGTC has been activated meaning that additional P2 cancer work for breast, urology and plastics will be protected as bed pressures are still an issue. Dec 2020: P1 and P2 activity is still prioritised and patients are still prioritised for suspected cancer. There is ongoing review of the possibility of mutual aid being sought if needed but this has not been activated as yet. Nov-2020: The acute trust have undertaken a route to diagnosis audit to identify if there has been an increase in emergency presentations as a result of Covid. Both trust have not noted in significant increase in emergency presentations but have identify a decrease in lung diagnosis. Any further work on this by the trusts has been delayed due to operational pressures.	Monitoring of position continuing The PPE and drug limitations and the ability to continue the cancer work as demand starts to increase will be closely monitored.	Quality Committee Commissioning Leadership Team / Clinical Executive	Rosi Shepherd Lisa Manson	Associate Director of Quality Gemma Artz	20 (4x5)	**16 (4x4)**	↔	10 (2x5)	Mar-20	Open	**Mar-21**
As above	As above	As above	As above	As above	NEW ACTIONS: - There has been communications nationally and locally to patients about ensuring that patients present with suspicious symptoms "NHS is open" campaign - new patient leaflets have been shared with primary care to encourage patients to engage with cancer pathways - remote options for initial and follow up appointments have been started at pace- including increase use of teledermaotlogy to support cancer pathways. - cancer urgent surgery has continued throughout and there has been enough capacity to maintain what is needed - if this is clinically on the balance of risk recommended for patients. The independent sector capacity has also been used to support cancer pathways for surgery. **- ongoing monitoring of patient harm through existing CCG quality governance** **- mutual aid agreement in place with SWAG Cancer Alliance**	09-Oct-2020: Definition of harm is being reviewed by the quality team who will feed back to the cancer STP in November. Cancer patients waiting >104 days from referral to treatment is deemed as a never event, and the numbers have been of national focus. There are also known delays to cancer pathways due to fewer TWW referrals, diagnostics, PCI procedures and patient choice, as well as suspension of screening programmes. There are mitigating & remedial actions in place to address these issues which are showing positive results.	As above	As above	As above	As above	As above	**As above**	As above	As above	As above	As above	As above
Commissioning Directorate	5	N/A	10.08.18 01.04.19 1.05.20	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	04-May-2020: Covid-19 Command & Control structure established, operational and embedded. Surge plans in place. • Contractual systems in place to monitor and manage performance through ICQPM's • System Management call process and procedure being further refined and developed • Partnership engagement in BNSSG-wide system architecture to support urgent care performance, specifically Clinical Oversight Group • Monthly review of urgent care dashboard's at a system level manage A&E performance and associated areas for improvement • Ongoing monitoring of potential for patient harm through existing CCG quality governance	**March 2021 no change** **Jan/Feb 2021: During December and January there were significant outbreaks of COVID within WGH which led to the introduction of pathway changes through the WGH ED service. The system has continued to focus on ensuring that there is a safe Urgent Care service to its patients.** Dec 20; December continued to be a very challenging month for A&E performance. this continues to be driven by COVID operational pressures. Nov -20; operational pressures as a consequence of COVID has significantly impacted on the operational performance within the A&E's within the system. significant amount of work is being undertaken to try and manage the consequences of the additional demand. additionally phase 4 planning is about to begin which will aim to get the demand and capacity balance right.	This risk is linked to the risk PO5 on the GBAF (2019/20 under review) which contains more detail on this risk in relation to delivering the Urgent and Emergency Model of Care	Commissioning Leadership Team / Clinical Executive/ Quality Committee	Lisa Manson	Niall Prosser	20 (5x4)	**16 (4x4)**	↔	2x5=10	31/12/2021	Open	**Mar-21**
			as above	as above	as above		as above	as above	as above	as above	as above	**as above**	as above	as above	as above	as above	as above
Commissioning Directorate	7	PO4	10.08.18 01.04.19 1.05.20	There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population. This risk includes the challenges of the current crisis pathway that could be more effective - currently there are a high number of people placed out of area, high numbers of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.	Effective contract management processes with the current provider. Joint working with BSW on contract requirements Joint Planning and delivery of the Estates Project and CCG leading consultation Joint Technology improvement plan AWPs transformation programme Driving forward the work of the Integrated Mental Health Strategy Framework to focus on prevention and defining optimal service provision that is more reflective of the needs of our population and how they present to services CCG investment in Mental Health Investment Standard CCG commenced 19/20 contract negotiations on behalf of BNSSG and BSW Support provided to AWP for winter pressures	**March 2021 Routine referrals have opened back up and the number of outbreaks on wards and levels of staff sickness have reduced. The introduction of the support to SWAST in the ambulance hub has started to have an impact on hear and treat. Modelling work has started on PICU and a workshop has taken place with partners across BNSSG and BSW and a task and finish group will be formed to take the work forward. A new finance system group has been set up and will oversee the system savings plan. The CMHF submission and specification are being developed, ensuring that it supports the whole system with focus on prevention.** February 2021:A funding bid for the crisis pathway has been approved, due for implementation from April 21. The service specifications and KPIs have been drawn up and approved for the PD and SMI business cases, with DES/CHL already approved. Recruitment is underway for all schemes. AWP have closed to non-urgent referrals in response to pressure on core services from staff sickness and ward outbreaks including male PICU and assessment ward. This is under weekly review and AWP are currently in an improving position. Street triage has seen increasing activity and is up to full capacity. Sanctuary service has opened to face to face support. January 2021: Discharge funding awarded at £825k to support over winter. Community mental health programme discovery phase concluding, with submission to NHSE this month. The new face to face offer from the Sanctuary to support the crisis pathway should open this month. Very low numbers of adults placed out of area now, however numbers in PICU continue to be challenging. Recruitment is underway for the dementia and PD services, as part of the Wave 3/Covid business case. Street and Control triage are being remodelling and the new MH ambulance service will start in January.	□This risk is linked to the risk PO6 on the GBAF (2019/20 under review) which contains more detail on Mental Health services □Define the lead indicators including patient reported measures and reports from primary care localities. □Development of MH data set focussing on the IAF indicators underway, more work required to identify trends in reporting.	Commissioning Leadership Team / clinical executive	Lisa Manson	Emma Moody	20 (4x5)	**20 (4x5)**	↔	4x4=16	**Apr-21**	Open	**Mar-21**

as above	as above	as above	as above	as above	as above	December 2020: The funding for winter has been secured and plans are being implemented at pace. Additional funding to support bed flow and discharges has just been announced which will arrive in December. Initial submission for the CMHF has been made to NHSE. System governance structure for the transformation of mental health services has been finalised.	as above	as above	as above	as above	as above	**as above**	as above	as above	as above	as above	as above
Commissioning Directorate	10	N/A	29.11.18 01.04.19 1.05.20	Risk of failure to recover 52 week wait performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52 week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines. The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower due to the additional IPC requirements and continued reduction in routine activity.	□ Contractual systems in place to monitor and manage performance through APG and ICQPM's □ Hospital focussed improvement programmes □ Partnership engagement in BNSSG-wide trauma and orthopaedic / MSK system working □ Monthly review of RTT performance indicators including weekly updates of long waiters (over 46 weeks) □ Ongoing monitoring of patient harm through existing CCG quality governance NEW ACTIONS: - Independent sector capacity via the national contract is being utilised to support and manage elective surgery, initially this will be predominantly urgent and cancer surgery but then long waiting patients would be prioritised. - Feedback to the national and regional teams on the importance of managing patients in order and by clinical priority through the crisis period.	**March 2021 No new actions** Jan/Feb 2021: There are no new actions. The system are continuing with the action highlighted in the adapt and adopt programme. The new IS framework has been released and we are working to ensure we use as much IS capacity as possible within the rules of the framework. Dec 2020: There are no new actions. The system are continuing with the action highlighted in the adapt and adopt programme. The new IS framework has been released- this does provide an opportunity that is being explored to ensure maximal capacity is commissioned to support the trusts recovery but there is also a risk that due to private backlogs that the IS may be offering less than before- this is being worked through in readiness for new contracts at the end of December. 12-Nov-2020: 52 week waits continue to increase and are projected to continue increasing, specialties specifically effected by long waits are: T&O, Dental, Ophthalmology, Gynaecology. Programmes are in place to support specialties with long waits, clinical validation continues.	There is uncertainty on a regional plan for how the fines will be applied and the monies reinvested. This has been escalated via NHSE/I and the CCG and providers are awaiting a response. There is uncertainty on the national contract with IS beyond the end of June. Even with additional capacity of IS, likely to still be a significant short fall for routine activity.	Commissioning Leadership Team / clinical Executive	Lisa Manson	Gemma Artz	9 (3x3)	**20 (4x5)**	↔	1x1=1	Mar-20	Open	**Mar-21**
as above	as above	as above	as above	as above	as above		as above	as above	as above	as above	as above	**as above**	as above	as above	as above	as above	as above
Commissioning Directorate	21	PO5	05.04.19	Due to long waits for adult ADHD services in AWP there is a risk to patient experience which may result In a detrimental impact on their wellbeing. There is a further risk that for patients waiting over 52 weeks the CCG and AWP could incur 52 week breach fines	A contract performance notice has been issued a joint investigation has started. Key actions include updating booking processes and reviewing the waiting list. The CCG have requested data on the number of patients waiting over 18 weeks so that a review can be undertaken	Feb 2021: The LES is being implemented across BNSSG. Current uptake is ca. 20 out of 83 GP practices. The CCG are still awaiting the advised trajectory and the proposals for the resource changes. January 2021: LES is being implemented across all practices where interest has been expressed. CCG are supporting AWP to produce an updated trajectory for the reduction of waiting lists based on their proposed additional resource changes, to be delivered in early January 2021 - CCG involved in setting service user experience measures to ensure this is implemented without negative impact on service user experience. Service specification being developed by AWP for approval in early 2021 by clinical executive, with support of CCG, to establish the future design for the service in response to historical challenges.	Recurrent funding for the waiting list approved as part of this new model. Need to establish a framework for management of requests for assessments by other providers under right to choose Due to the complexity of resolving this issue, wait times have not reduced over the period that this has been being reviewed.	Clinical Executive	Lisa Manson	Gemma Artz/ Emma Moody	16 (4x4)	**16 (4x4)**	↔	1x1=1	**Mar-21**	OPEN	Feb-21
as above	as above	as above	as above	as above	as above	December 2020: LES is being implemented across all practices where interest has been expressed. CCG are supporting AWP to produce an updated trajectory for the reduction of waiting lists based on their proposed additional resource changes, to be delivered on 4th December - CCG involved in setting service user experience measures to ensure this is implemented without negative impact on service user experience. Service specification being developed by AWP, with support of CCG, to establish the future design for the service in response to historical challenges.	as above	as above	as above	as above	as above	**as above**	as above	as above	as above	as above	as above
Commissioning Directorate	14	n/a	01.05.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR National outbreak of Influenza Pandemic leading to up to 50% of population affected across the country making it a national catastrophic incident	• Robust Influenza Pandemic Plans/ Business Continuity Plans in place in all acute and community providers. • Part of annual training and exercising calendars for Local Resilience Forum and all NHS organisations • Avon and Somerset Local Health Resilience Forum (LHRP)strategic framework in place and exercised through table top exercises. • Avon and Somerset LHRP/LRF operational plan out for consultation. • NHS England South West North leading on development of operational response plans for Antiviral Collection Points. • To be reviewed at EPRR oversight delivery group • Pandemic flu plan in place	**February 2021: Seasonal Influenza is low due to Covid-19 circulating virus being dominant and lockdown enhances social distancing and reduces transmission.** January 2021: Further National Lockdown (3) to support the NHS who is overwhelmed. Covid outbreaks continue to be monitored and escalated. Vaccination programme in progress December 2020 - BNSSG are in Tier 3 following second lockdown. Cases are now starting to plateau. Note Avian Influenza (H5N8) is a potential risk to the community. Case identified in Gloucester at Slimbridge.	**February 2021: mitigation in place through seasonal influenza vaccination programme. Circulating flu figures remain low. At present this risk is reducing in nature.** Feb 2020: All Pandemic Flu planning is 2013. Should be for review as EU Exit date closes and national teams revert to business as usual. Mar 2020: Draft Plans in place with additional SOPs for Local Coordination Centre April 2020 : Evolving incident response with reviewed Governance of command and Control arrangements in line with EPRR framework. Recovery and system reset planning on Horizon scanning with engagement of LRF recovery plans.	EPRR Oversight Delivery Group	Lisa Manson	Janette Midda / John Wintle	4x4=16	**12 (3x4)**	↓	2x4=8	Mar-20	OPEN	**Feb-21**
Commissioning Directorate	36	n/a	18.02.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR ~~As a result of long wait times for diagnostic tests and failure to meet the DMO1 standard in endoscopy, CT and MRI there is a risk of harm to patients as a result of delayed diagnosis.~~ **As a result of long waits for diagnostic tests and failure to meet the DMO1 standard for endoscopy, CT and MRI** **There is an risk of potential harm to patients as a result of delayed diagnostics** **Which may result in a later diagnosis of their condition and the commencement of appropriate treatment** There is an increased risk of delay in diagnostics due to the Covid pandemic. This is due to a combination of reduced efficiency due to IPC procedures and workforce issues and capital/ space issues.	There are remedial action plans agreed for UHB and NBT. Weston have been issued a contract performance notice and the CCG await a remedial action plan. There is additional money in the system from NHSE/I for additional outsourcing and insourcing capacity which has a plan against it which will prevent further deterioration and stabilise the position for year end. There is a diagnostic advisory group as part of the STP long term plan which are focussing on endoscopy, CT and MRI. Capacity and demand planning is ongoing. Referrals are triaged and urgent and 2ww wait referrals are prioritised. NEW ACTIONS: The diagnostics advisory group are working on how best to use the available capacity to reduce the risk of harm to patients and to make sure that the most valuable diagnostics tests are available. The independent sector will be providing additional capacity to help with the significant backlog that has been created in endoscopy as a result of the Covid risks for the procedure. Routine work has currently stopped, but a plan is to go to clinical cabinet on how best to restart referrals to diagnostics from primary care.	Feb 2021: The biobank additional capacity is now online the ANA projects are ongoing. Endoscopy activity is in line with phase three plans / Further options are being explored to address the backlog. Jan 2021: The Biobank contract is signed and providing additional MRI capacity. The A&A projects are still ongoing. Endoscopy activity is back in line with BAU levels but more needs to be done to fully understand and clear the backlog (this should be aided by the 5 additional admin staff that have been approved). 2 key actions for the additional capacity include opening of a second room at SBCH (once the new stack arrives on site this room can open) and additional capacity commissioned from Prime Endoscopy. Dec 2020: The Biobank contract is signed which will bring on additional MRI capacity from December 7th. The A&A projects are still ongoing, including recruitment of additional radiography staff and ordering of a new CT scanner for UHBW. Endoscopy activity is back in line with BAU levels but more needs to be done to clear the backlog. 2 key actions for the additional capacity include opening of a second room at SBCH and additional capacity being commissioned with Prime Endoscopy.	There are workforce issues and space issues related to endoscopy that need to be addressed in the medium and long term which may be a limiting factor with capacity in the short term recovery. The workforce and space issues with endoscopy are exacerbated with the procedures needed for IPC which will significantly reduce efficiency.	Clinical Executive Commissioning Leadership Team	Lisa Manson	Gemma Artz	4x3=12	**(4x4) 16**	↓	tbc	**31/03/2021**	OPEN	Feb-21
as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	**as above**	as above	as above	as above	as above	as above

Commissioning Directorate	18	n/a	20.12.18	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR EU Exit (Brexit) D20 (December 2020) EU transition • Supply of medicines and vaccines; • Supply of medical devices and clinical consumables; • Supply of non-clinical consumables, goods and services; • Workforce; • Reciprocal healthcare; • Research and clinical networks • Data sharing, processing and access.	• EPPR colleagues progressing the National requirements for local SW EU Exit plans (Local and regional NHSE and NHSI teams in place)	**January 2021: Deal signed on 24/12/2020. EU transition complete at 2300 hours on 31/12/2021. To monitor supplies as the expectation is there will be some delays moving forwards.** December 2020: talks are underway but no deal at present; all organisations to plan for no deal and 60-80% of supplies entering the UK	**December 2020: talks remain in progress. Weekly webinar with Keith Willets and weekly LRF SCG agenda. First assurance has been completed. Risk increased as only 15 working days to exit. Deal signed 24/12/2020.**	EPRR Oversight Delivery Group	Lisa Manson	Janette Midda	4x4=16	**3x4+12**	↓	5x2=10	31/12/2020	OPEN	**Jan-21**
Commissioning Directorate	**24**	**n/a**	**06/06/2019**	**RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR** **There is a risk that due to poor data quality at Weston hospital that performance data for all services may not be accurate. This could result in lack of oversight of genuine wait times for planned care pathways and urgent care performance and activity.**	**An information breach notice has been issued** **CCG are attending the RTT board** **CCG are working with IST and trust to review and ensure actions in the IST report are followed up** **Staffing issues in Weston leading to difficulty in progressing suggested actions from NHSI.** **Support is being provided by UHB as part of the due diligence process for RTT in particular.** **The trust are yet to share the report with the CCG.** **There is further financial risk due to previously unknown risk of 52 week breaches in the trust.**	**Jan 2021: Weston are still in the process of validating their data and seeking support from the IST.** **Dec 20: Weston are in the process of validating their data and seeking support from the IST** **12-Nov-2020: Validation of waiting list continues.** .		**CLINICAL Executive Committee**	**Lisa Manson**	**Gemma Artz**	**4x4=16**	**4x4=16**	↑		01/04/2021	**OPEN**	**Mar-21**
~~Commissioning Directorate~~ Transformation Directorate		n/a	27.11.20	~~There is a risk of increasing health inequality in patients with cancer or at risk of cancer because of potential differences in delayed diagnosis and poor outcomes across different population groups. Our understanding of this risk is still developing as local and national data is gathered and analysed.~~ **As a result of the Covid-19 pandemic** **There is a risk of increasing health inequalities in patients with cancer of at risk if cancer because of potential differences in delayed diagnosis** **Which may result in poorer outcomes across different population groups** **Our understanding of this risk is still developing as local and national data is gathered and analysed**	1. A review of the data is required to understand the current situation and expand on the risk and identify mitigating actions. 2. Work is underway using the PHM data set to target work on specific populations where adverse outcome is most likely – current focus on lung referrals	Feb 2021 Targeted communications have been developed as part of a wider communications plan encouraging people to present to their GP if they have concerning symptoms. A BNSSG cancer inequalities group is being set up to focus specifically on actions to address inequalities in cancer care. A separate project is investigating more granular understanding of performance data at a population level.	**Improved information required on cancer outcomes and performance by different population groups**	BNSSG STP Cancer Programme Board Quality Committee	Peter Brindle	Andy Newton/ Gemma Artz	4x4=16	4x4=16	↔		31/3/2021	open	Feb-21
Commissioning Directorate	12	n/a	19/12/2018	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR Infectious disease outbreak including high consequence infectious diseases. (VHF Ebola / SARS / MERS/Coronavirus)	• Robust Outbreak Plans / Business Continuity Plans in place across health system. • Outbreak planning is part of winter plans and surge; training and exercising for Local • Resilience Forum and all NHS Organisations • CCG Governing Body receives report on Emergency Preparedness, Response and Resilience preparedness annually. 01-Sep-2020 - Local Outbreak Management Plans and surveillance database in place for local monitoring and implementation of lockdown plans October 2020 - NHSEI Communicable Disease Framework v4 for all health premises to manage outbreaks.	**March 2021: Numbers of outbreaks are decreasing in both Hospitals and Care Homes. Vaccination programme working well. BNSSG have been involved in asymptomatic surge testing for the Kent variant E484K.** February 2021: Weston outbreak now closed. Wave 3 appears to have peaked though numbers in hospital settings remain high. Planning is in place to support discharge to assess in community and social care placements. Vaccination programme under way in BNSSG. The Covid-19 virus is mutating; surveillance continues January 2021 - System dealing with major outbreak at Weston General Hospital requiring mutual aid from BRI site, NBT & Somerset Partnership Trust. Case rates are rising, hospital admissions & critical care are rising. National lockdown (3) declared for 6 January 2021. Covid-19 vaccination programme in progress - aim to complete by mid February. December 2020 - Hospital admissions have peaked within BNSSG during wave 2. Numbers appear to have plateaued. Outbreaks continue to be reported in schools, care homes, hospitals & primary care.	January 2021: All outbreak reporting through OKTA (NHS Foundry). CCG IPC have recently recruited additional staff to support outbreak management processes. Linked to System Command & Control. December 2020: Outbreak Framework in place and available on NHS Foundry. CCG IPC colleagues leading on this work. Risk increased to 3x4 as numbers increasing within Covid and impacting on health & social care flow as beds are closed.	**Clinical Executive Committee** EPRR Oversight Delivery Group	Lisa Manson	Janette Midda	4x5=20	**4x4=16**	↔	2x4=8	31/03/2021	OPEN	**Mar-21**
Nursing & Quality	BNSSG QD 021	N/A	6.12.18	Patients are at risk of harm from call incident stacking at SWASFT causing a delay to ambulance response times	Urgent care Strategy in place A&E Delivery Board reviews performance on monthly basis Processes in place to manage demand across system including: Daily system escalation calls Handover SOP in place with acute Trusts NHS 111 Clinical validation of Category 3 calls Monitoring of patients safety and experience through Incidents, Complaints and Feedback	Feb 2021: Received assurances from SWASFT regarding the wellbeing of staff, and that SOPS are in place. This is being managed as a regional piece of work. Urgent care work stream progressing to ensure appropriate use of Ambulance services. No rise in SI's, Datix or complaints identified, pertaining to call incident stacking. End to End patient pathway reviews are being undertaken, these have not yet identified any harms. Recommendation: appropriateness of risk score to be discussed at next Quality Committee meeting. Dec 20 risk remains unchanged Nov 2020: SWAST Risk score for Call Stack Risk is reviewed by all cluster CCG's. BNSSG CCG score remains at 16. Actions to mitigate risk discussed with performance colleagues. SWAST escalation with Ambulance Joint Consultation Committee in progress.	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	16 (4x4)	**4x4 = 16**	↔	8 (2x4)	Mar-20	Open	Feb-21

Nursing & Quality	BNSSGQD043	n/a	05/05/202	Patients have an enhanced risk of potential harm through contracting MRSA Bacteraemia due to the high numbers in the local area.	Ongoing review of all monthly cases - plan to review and close all 2019/20 cases. Share findings with system partners through the Quarterly HCAI group to identify further specific actions to minimise risk further. Capture and share current provider improvement projects across the system. Continue partnership working and the development of initiatives through the Design Council project, noting the high incidence of Persons Who Inject Drugs in our local data set. Undertake assurance exercises in line with the HCAI quality schedule. Detailed analysis of individual MRSA cases, with whole system approach pre and post diagnosis. Bi-Monthly BNSSG Healthcare Acquired Infection meeting with partner organisations to monitor and support MRSA improvements. Separate MRSA task and finish group established. Work ongoing with the design council to assist with the reduction of MRSA.	**Mar 2021: Business case for Chlorhexidine wipes has been approved, discussions are ongoing with the Local Authorities to finalise details of the roll out plan.** Feb 2021: Funding has been secured for the system switch to Chlorhexidine wipes. Ongoing discussions with commissioning colleagues within the local authority regarding process steps. 2020/21 case reviews remain suspended, meeting scheduled with NHS E regarding rapid review process. Year to date 24. The risk will be reviewed following evaluation of initiative after three months. Jan 2021: There has been a 25% reduction in cases within BNSSG compared to 2019/20. Funding has been agreed by DPH for Bristol for Chlorhexidine wipes, roll out plan and evaluation plan being developed. Dec 2020: Chlorhexidine wipes meeting has been held, business case is now being drafted	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	20 (4x5)	**15 (3x5)**	↔	10 (2x5)	Mar-21	Open	**Mar-21**
Transformation	MSK	PO1	28.05.20	As a result of COVID 19 and the fact that routine MSK services have been put on hold, there is a risk that waiting times for MSK services will increase which may result in people having to wait, often in pain, for many months to see a Physio or for surgery	* The use of the national contract with the Independent Sector to try to restart Ortho surgery and to use the IS Physios to see patients * Sanchit Mahendale has agreed to be the clinical lead to implement a single T&O directorate for BNSSG which would enable the most efficient use of resources to reduce waiting times * We plan to introduce more support at the start of the pathway to prevent the need for surgery later on , such as ESCAPE-pain courses, shared decision making, First Contact Practitioners working in Primary Care Networks, Health Optimisation, community based pain management * We are working closely with the Regional Getting it Right First Time (GIRFT) team to learn from other areas to create more capacity within the system to manage the number of people waiting.	**March 2021:** **There is still very reduced Orthopaedic surgery due to COVID** *** Sirona have just re-started providing virtual ESCAPE-pain courses, but the acute trusts are still not running any courses. We are working with 3 gym providers to agree contracts to enable them to provide courses at no cost to service users.** *** Sirona are providing First Contact Physios for South Glouc PCNs and North and West Bristol PCNs. Other PCNs have also recruited FCPs and Liz Bradshaw has been appointed to the FCP Fellowship role, starting in May, to create a network to ensure they are integrated in to the MSK pathways.** ***The Health Optimisation pilot went live at the start of November, but is only providing a limited service currently as staff have been moved to contact tracing.** ***134 people attended the one hour Shared Decision Making training. All 6 three hour skills based sessions have taken place and been well attended. We have organised another 3 three hour training sessions for July, September and October and these will be promoted at the SDM workshop being run for the Clinical Cabinet on the 21st of April. Work continues on the knee SDM decision aid.** ***The roll out of the getUBetter self-management app is going well and we are on track to have completed the roll out in primary care by the end of April, alongside the MSK staff in NBT, UHBW and Sirona. We are also working on a roll out to Care Homes. Over 800 people are currently using the app** ***The Joint school app is being promoted to the people waiting for a joint replacement at both NBT and Weston.** ***We have approval for the draft clinical model for one T&O service for BNSSG and we have started stage 2 of the project to do the detailed work on finance, BI, workforce and contracting.**	**We are agreeing contracts so the virtual ESCAPE-pain courses can start as soon as the gyms re-open. We have not been able to move forward on the integrated pain service work or the integrated physiotherapy deliverable as approximately 30% of the acute and Sirona outpatient physiotherapists are still redeployed onto the wards and into the community to support COVID.** We have secured funding for gym based ESCAPE pain courses and we are agreeing contracts so the virtual courses can start as soon as the gyms re-open. * Gyms are not in a position to run ESCAPE-pain courses and we still haven't secured funding for these local gym based courses. * We have not been able to move forward on implementing an integrated pain service or an integrated physiotherapy service as approximately 30% of the acute and Sirona outpatient physiotherapists have been redeployed onto the wards and into the community to support hospital discharge. We plan to start work on these two deliverables in April 2021	MSK Programme Board	Medical Director	Elizabeth Williams	(4x4) 16	**(4 x 4) 16**	↔	**(3x3) 9**	**Mar-21**	Open	**Mar-21**
as above	as above	as above	as above	as above	as above	Feb 2021 Very little Orthopaedic surgery is happening during this current wave of COVID * Only Sirona are providing virtual ESCAPE-pain courses, although the acute trusts are planning to run virtual courses in the new year. We have secured funding to enable gyms to provide courses at no cost to service users. We are working with 3 gym providers to agree contracts. The courses will be run virtually * Sirona are providing First Contact Physios for South Glouc PCNs and North and West Bristol PCNs. Other PCNs have also recruited FCPs and the Training Hub is interviewing for the FCP Fellowship role in January to create a network to ensure they are integrated in to the MSK pathways. *The Health Optimisation pilot went live at the start of November. *134 people attended the one hour Shared Decision Making training. We have 6 three hour skills based sessions organised for February to April. Work continues on the knee SDM tool. *We have secured funding for the roll out of the getUBetter self-management app and 6 Primary Care Networks are going live in January and plans for the remaining PCNs to have gone live by the end of March, alongside the MSK staff in NBT, UHBW and Sirona. We are also working on a roll out in the 280 Care Homes. Patients are starting to use the app *The Joint school app is being promoted to the people waiting for a joint replacement at both NBT and Weston. *We have approval for the draft clinical model for one T&O service for BNSSG and we have started stage 2 of the project to do the detailed work on finance, BI, workforce and contracting. Jan 2021 reviewed no update	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above
Transformation		PO1	09.06.20	As a result of COVID-19 there is a risk that some transformation programmes will be delayed, with the result that we will not meet our 5 year plan objectives in some areas	The Directorate is working closely with the Healthier Together Team and System COVID response to accelerate transformation change as part of COVID19 recovery planning. This will be undertaken alongside a review of 5 year plan objectives, priorities and deliverables	Ongoing as part of Recovery Planning	This risk was reviewed by the Executive Team 20.01.21 and it was agreed that the risk was now covered in individual risks reported on both CRR and DRRS and through the GBAF. It was agreed to recommend the risk was closed				(4x4) 16	**1x4**	–				**Jan-21**
Transformation	CYP	PO4 PO6	25/05/2020	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR The EOI for the mental heath support teams was submitted in March 2020 including each of the 3 areas on an equal basis. We have had confirmation that funding will be received There is a significant well recognised gap in resources in North Somerset however questions have been raised about locality readiness to implement the programme in this round in part due to the gap, and a lack of capacity while the transfer to with CCHP and AWP is completed.	Once the detail of the EOI outcome is known, a formal, transparent process for agreeing which areas should be phased in by when. Criteria are likely to include operational readiness and local needs analysis.	Feb 21 - Paper being taken with recommendation to Clinical Executive Committee 11th Feb for site of 3rd team and conclusion to this discussion (NT). Jan 21 - two of the three areas now agreed to proceed. (Bristol and SG). Conversations continue between CCG and AWP to confirm status of North Somerset in this wave. Now escalated to exec / CEO level Dec.2020 - Risk has become an issue with formal notification of risks to delivery in North Somerset. As a result ongoing conversations taking place between Victoria Bleazard, Emma Moody, Matthew Page and Lisa Manson to agree ways forward and position.	Recommendation to CEC needs to be approved and communicated. Should it be approved risk will greatly reduce. Decision still needs be made and communicated to partners especially with North Somerset LA.	Quality Committee Children and Young People's MH Sub Group	Deborah El Sayed	Neil Turney	(4 x 3) 12	**12 (3x4)**	↓	–	Feb-21	open	Feb-21

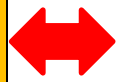
Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCGs Governing Body Assurance Framework 2020/21 (Mar 2021)

Governing Body Assurance Framework risk tracker

The Governing Body Assurance Framework identifies the BNSSG CCGs' principal, strategic objectives and the principal risks to their delivery. Controls in place to manage those identified risks are summarised. The internal and external assurances that controls are in place and have the impact intended are set out. Where there are gaps in controls or assurances these are described and the actions planned to mitigate these gaps are explained. The table below gives an overall summary of the Governing Body Assurance Framework. The detailed framework is at page 4

Risk Tracker	Lead Director	Initial Risk score	Current risk score	Target risk	Trend
Principal Objective PO1: COVID 19 This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework	**Committees:** Governing Body, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee				
Principal Risk: As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework	Julia Ross/ Sarah Truelove	**5x5= 25**	**2x5=10**	**3x4 =12**	↓
Principal Objective PO2: Integrated Care Systems: Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.	**Committees:** Healthier Together Partnership Board Governing Body, Strategic Finance Committee				
Principal Risk: As a result of not being able to get the commitment needed across the system we are unable to develop effective ways of working to deliver performance, financial and population health outcomes in line with the system aims	Julia Ross/ Sarah Truelove	**4x4= 16**	**2x4 =8**	**2x4=8**	↓
Principal Objective PO3: Integrated Care Partnerships: To develop Integrated Care Partnerships to establish personalised preventive and proactive model of care at a locality and neighbourhood level. Underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all	**Committees:** Governing Body, Primary Care Commissioning Committee,, Strategic Finance Committee, Healthier Together Partnership Board (external) , Integrated Care Steering Group (external) Integrated Care Partnerships Oversight Group (system wide)				
Principal Risk: Without all system partners having strong engagement, understanding, shared purpose and commitment to developing ICPs, there is a risk that improvements in health outcomes and the benefits of ICPS are not achieved.	Deborah El-Sayed	**4x4= 16**	**3x4 =12**	**2x4=8**	↔

Principal Objective PO4: To be able to respond to the Mental Health needs population, preventing crisis and promoting wellbeing	**Committees:** Clinical Executive, Quality Committee, Strategic Finance Committee, PPIF, System - MH Oversight Board linked to Health and Wellbeing boards				
Principal Risk: As a result of COVID 19 there is a risk that demand for MH services will increase by up to 30%which may result in a poorer access and outcomes for people, increased level of MH crisis and further spend on aspects of services like out of area placements and S117	Deborah El-Sayed	**5x4= 20**	**4x4= 16**	**3x4 =12**	
Principal Objective PO5: Learning Disability and Autism: Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both, within BNSSG	**Committees:** Quality Committee				
Principal Risk: As a result of a lack of integrated services there is a risk that we reduce the life choices for individuals with learning disabilities and autism which may result in widening of health inequalities and the health of the population in the future	Rosi Shepherd	**4x4= 16**	**4x4= 16**	**3x3 =9**	
Principal Objective PO6: Children's Services: To improve the commissioning of services for children	**Committees:** Clinical Executive, Quality Committee and Strategic Finance Committee				
Principal Risk: Integrated children's commissioning with Local Authorities is not fully developed, there is a risk that we are not optimising the care children receive and impacting on their life course	Lisa Manson	**4x4= 16**	**3x4 =12**	**2x4=8**	
Principal Objective PO7: Funded Care Delivery of an integrated, efficient, Funded Care service achieving the "leading" level of the CHC Maturity Framework with high levels of positive patient experience and staff satisfaction	**Committees:** Governing Body, ~~Primary Care Commissioning Committee~~, Strategic Finance Committee, Quality Committee				
Principal Risk: As a result of a lack of regular and accurate data, there is a risk that decisions made to support the transformation are not data driven which may result in not achieving 'leading' on the maturity framework, a poor service for the individuals and inequalities in the way we support our population	Rosi Shepherd	**5x3= 15**	**3x3= 9**	**2x3 = 6**	
Principal Objective PO8: People Plan Developing the CCG's People Plan	**Committees:** Governing Body,				
Principal Risk: There is a risk that a coherent People Plan for the CCG may not be developed and delivered if we do not bring together the many existing workstreams into one clear programme, develop an understanding of our current state of readiness and meaningfully engage with our workforce in the plan's development and ownership.	Dave Jarrett Sarah Truelove Julia Ross	**4x4= 16**	**1x4=4**	**2x4 = 8**	
Principal Objective PO9: Financial Sustainability: Deliver financial sustainability and improved health outcomes through the use of population health management and a culture of systematically evaluating the value of our services to our population.	**Committees:** Strategic Finance Committee, Governing Body, Clinical Executive, Clinical cabinet, System Delivery Oversight Group				

Principal Risk: As a result of the current culture driven by Payment by Results there is a risk that there will be a continuing focus on activity rather than value which may result in failure to deliver improved population health and financial sustainability for the CCG and the system.	Sarah Truelove Peter Brindle	**5x4= 20**	**4x4= 16**	**3x4 =12**	↓

The CCG risk scoring matrix as set out in the Risk Management Framework is:

Risk Assessment scoring matrix

likelihood of happening	Insignificant = 1	Minor = 2	Moderate = 3	Major = 4	Catastrophic = 5
Almost certain = 5	5	10	15	20	25
likely = 4	4	8	12	16	20
possible = 3	3	6	9	12	15
unlikely = 2	2	4	6	8	10
Rare = 1	1	2	3	4	5

Impact

Governing Body Assurance Framework

<table>
<tr><td>Objective: This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework</td><td>Director Lead: Julia Ross/Sarah Truelove</td></tr>
<tr><td>Risk: As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework</td><td>Date Last Reviewed: January 2021</td></tr>
<tr><td>Risk Rating (Likelihood x impact)
Initial: 5x5=25 (this was initial risk score on CRR)
Current: 2x5=10
Target risk: 3x4=12
Trend</td><td>Rationale for current score:
• The changes that have been made to the ICC mean that a dedicated team have now taken on the management of the incident allowing the remaining management capacity to focus on other CCG priorities. This has reduced the likelihood to 2.</td></tr>
<tr><td>Committee with oversight of risk
Governing Body, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee</td><td>Rationale for target risk:
• ~~Further work is being completed to see if we can further separate COVID and non-COVID work. This would reduce the impact of further surges in COVID demand.~~ The target risk aimed to reduce the impact of this risk, the current approach has reduced the likelihood of this risk occurring but not the impact currently.</td></tr>
<tr><td rowspan="2">Controls: (What are we currently doing about this risk?)
Outbreak management plans in place in each of the three LA areas to manage cases of COVID and minimise the spread.
Data group meeting weekly to review the UoB model to ensure services can get notice of changing levels of the disease in our system to enable a more proactive response.
ICC resource reviewed to keep to a minimum to deal with the response.
ICC in place for the system to oversee the response with ability to escalate issues and the system response when needed.
Phase 3 plans developed to ensure services are organised to mitigate risks and capacity is in place to ensure progress can be made on system goals.
Financial resource available to support this response.
Agreement across the system to the priorities in the phase 3 response.
Surge plan in place and tested during second wave.
ICC resourced 7 days a week with strategic Leadership from the Director of Commissioning and one of the Area Directors.
Further plan developed and enacted with leadership from clinical cabinet.
Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps)
~~January plan in development to address expected third wave.~~</td><td>Assurances:
• Governing Body receives regular updates on recovery including information on:
  ○ Number of cases in our population compared to the national picture
  ○ Actual activity against our local model to give confidence in the future predictions
  ○ Phase 3 plans are being delivered or exceeded in most cases
• NHSE/I provided positive feedback at surge meeting of management of COVID escalation within BNSSG
• GB can see progress being made on other areas of business within the CCG.</td></tr>
<tr><td>Gaps in Assurance: (What additional assurances should we seek?)</td></tr>
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Integrated Care Systems

Objective: Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.	**Director Lead: Julia Ross/Sarah Truelove**
Risk: As a result of not being able to get the commitment needed across the system we are unable to develop effective ways of working to deliver performance, financial and population health outcomes in line with the system aims.	**Date Last Reviewed: January 2021**
Risk Rating *(Likelihood x impact)* Initial: 4x4=16 Current: **2x4=8** Target risk: 2x4=8 **Trend** 	**Rationale for current score:** • The partnership Board recently gave commitment to development of the ICS development plan and the survey carried out demonstrated a high level of shared commitment. An initial development session for the MOU confirmed significant alignment on the vision for the ICS across the executive group.
Committee with oversight of risk Healthier Together Partnership Board Governing Body Strategic Finance Committee	**Rationale for target risk:** • If we are unable to reduce the likelihood, then in the long term the lack of system focus will have a material impact on our ability to achieve a sustainable system that meets the needs of the population. • It also risks reversing all progress we've made in improving the reputation of BNSSG and reduce the credibility of the CCG as a system leader.
Controls: *(What are we currently doing about this risk?)* • Formal Partnership Board and Executive Group in place. • Relaunching SDOG to lock in beneficial impact in ways of working that have been achieved through COVID. • Strong regulatory input from the Regional Team. • Regular reporting to the HT Exec Group on Performance, Finance and Transformation • Reporting of the system financial position to SFC • System Performance and Oversight is managing the implementation of the phase 3 plan, with performance reporting in place fortnightly. • Clear plan coming together to enable the MOU and supporting workstreams to be agreed by the Partnership Board in July 2021.	**Assurances:** • Long Term Plan agreed with NHSE/I • BNSSG recognised as an ICS • Phase 3 plan accepted by NHSE/I • NHSE/I November Board paper 'Integrating care: Next steps to building strong and effective Integrated Care Systems in England' set clear intent for system working **Gaps in Assurance:** *(What additional assurances should we seek?)* • Formal delegation to Partnership Board enshrined in a Memorandum of Understanding or similar.

Mitigating Actions: *(what further actions are needed to reduce the risk and close any identified gaps)* • Facilitating a process of co-production for our ICS development plan, MOU, Performance management framework, financial management framework, OD plan, Quality and improvement framework, outcomes framework and Comms and engagement strategy. Process to be set out by November. • Recruiting to an enhanced role for an independent Chair. To be in place by April. • ~~System dashboard in development, first draft to be complete by end October.~~ • Running a second and third wave of the system leadership programme (Peloton)~~and scoping a third.~~	

Integrated Care Partnerships

2020/21 Objective: to develop Integrated Care Partnerships to establish personalised preventive and proactive model of care at a locality and neighbourhood level. Underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all	**Director Lead: Deborah El-Sayed**
Principal Risk: Without all system partners having strong engagement, understanding, shared purpose and commitment to developing ICPs, there is a risk that improvements in health outcomes and the benefits of ICPS are not achieved .	**Date Last Reviewed: Feb 21**
Risk Rating Initial: 4X4=16 Current:3x4 = 12 Target Risk Score: 2x4=8 **trend** 	**Rationale for current score:** We have co-produced the discovery products with the system and significant number of engagement events and discussion sessions have been conducted. There is significant support from all system partners. Key decisions such as the footprint for ICPs are being agreed by all partners with the final LA elected members event concluding early March. This sets up the ground work for the first system decision on ICPs at HT exec on 11th March. The next stage of the programme requires a greater focus on tangible change and begins to highlight the complexity of the work that all system partners will need to undertake. Stakeholders are asking for greater clarity of direction which is both a success of engagement and a challenge for the programme. Each of the programme workstreams have now produced a PID which starts to drive greater programme grip and focus on timelines. ~~As systems partners address Phase 3 recovery challenges, address winter pressures, further COVID 19 peaks, and remain responsive to their regulators there is a risk on the capacity of leaders and their teams being able to maintain engagement with the ICP exploratory agenda. The risk score has reduced to reflect the start of the discovery phase programme and establishment of a system oversight group chaired by the Chief Executive of Bristol City Council. There has been significant engagement, contribution and enthusiasm for the discovery work so far~~
Committee with oversight of risk : Governing Body PCCC SFC Healthier Together Partnership Board (external)	**Rationale for target risk:** Through good governance, engagement and communications it is proposed these risks can be mitigated as the control workflows begin to deliver.

Integrated Care Steering Group (ICSG external) Integrated Care Partnerships Oversight Group (system wide)	
Controls: *(What controls are in place to manage this risk?)* • A continued programme of work to prepare Primary Care Networks (PCNs) and localities to sit at the heart of ICPs. • Continued organisation development (OD) programmes for locality partners and PCNs and system wide (PCN and locality in progress system wide to initiate in January 2021). • A programme of work to explore and develop options around the infrastructure and enablers required to build ICPs (FAQs and engagement in scope here) – the discovery programme • A monthly communication to all partners setting out learning, observations and conclusions drawn from the discovery oversight group. • CCG Clinical Leadership review refocuses localities as collective of PCNs • Community Mental Health Framework sufficiently developed to enable focussed development and engagement • Detailed planning and inter dependency mapping for all ICP workstreams **Mitigating Actions:** • Consideration of the local and ICS-wide governance arrangements that will enable ICPs. • ICP reporting to be developed for PCCC • ~~ICP maturity framework to be developed as part of the discovery work programme~~ **ICP maturity framework** has been co-produced and is being developed with locaility and system partners to ensure it reflects the pathway and supports delivery actions that localities are keen to get on with ~~• Developing model of care through system wide co-production events~~ ~~• Learning Connections now established with Christchurch New Zealand, Greater Manchester LCOs. New connections being made with ChenMed (US) and Clalit (Israel)~~ ~~• Presentation to HT Partnership Board January 2021~~ ~~• Developing OD approach specifically for system CEOs to consider ICP development~~	**Assurances:** • Internal Assurance provided through Primary Care locality/PCN maturity matrix reporting to PCCC • Internal assurance reporting on key performance milestones to ICP Oversight Board and to Governing Body • Internal Audit Locality Collaboration and Governance (Dec 2020) • Internal Audit Delegated Commissioning (Feb 2021) **Gaps in Assurance:** • Locality development risk log to come to PCCC • ICP maturity framework reporting to PCCC

• Developing **model of care** through system wide co-production events has concluded a draft that will now be developed further by a **Clinical and Professional reference group** (ToR being drawn up) • **Learning Connections** now established with Alaska, Christchurch New Zealand, Greater Manchester LCOs. Currently drawing up dates for webinars through late March and April as part of the OD programme • **Learning partnerships** are being drawn up with other systems to support pace, learning and an evolving adapt and adopt model. • Presentation to HT Partnership Board March 11th (footprints decision point) • **Developing Partnership Agreements**: HT Exec ICP development session 26th March - subsequent session to be planning for April (CMH ICP Partners: Partnership agreement Working Session followed by a Wider stakeholders working session)	

Mental Health

2020/21 Objective: To be able to respond to the Mental Health needs population, preventing crisis and promoting wellbeing	**Director Lead: Deborah El-Sayed**
Risk: **As a result of COVID 19 there is a risk that demand for MH services will increase by up to 30%which may result in poorer access and outcomes for people, increased level of MH crisis and further spend on aspects of services like out of area placements and S117**	**Date Last Reviewed: Feb 2021**
Risk Rating *(Likelihood x impact)* Initial: 5x4=20 Current:4x4 = 16 Target Risk Score = 3x4 =12 **Trend** 	**Rationale for current score:** The MH business Case has identified a series of 29 initiatives and schemes each designed to address a specific component of the expected demand and mitigate the risk of services being overwhelmed by the demand across the system. In addition to the 29 Bus case projects the MH transformation portfolio has extended to cover the winter pressures schemes this now flags 52 specific projects aimed at supporting MH for our population. Of the 52 projects 32 are now live however impact measures are still light this is a key priority before impact on risk scores can be deemed to have improved. In addition the further lockdown in 21 is expected to have release curve impacts for MH ~~Each of the activities has now been established with specific go live dates however there has not been sufficient impact measurement to date to warrant a change to the risk rating and scores at this stage.~~ ~~Current figures on impact are showing the level of secondary care contacts with for adults are slightly above seasonal average; CAMHS is 40% increase; IAPT demand continues to increase and demand in primary Care is reported as being higher (still awaiting definitive figures) OOA figures are lower than in August but remain higher than the target trajectory of Zero by April 2021~~
Committee with oversight of risk • CCG Clinical Executive • CCG Quality Committee • Strategic Finance Committee	**Rationale for target risk:** The target risk score is 12 as it is expected that even with the mitigations identified as part of the business case that there will be unavoidable

• PPIF • System - MH Oversight Board linked to Health and Well being boards	fluctuations in demand that we will need to address. The time for the impact of some of the programmes will be outside this financial year.
Controls: *(What controls are in place to manage this risk?)* • LTP objectives/ Business Case benefits are being monitored via delivery assurance processes • Monitoring of level of MH crisis across the system via system wide dashboard currently being reinstated into WSOG / SDOG forums and Contract management frameworks • Phase 3 planning has reset the key deliverables and expectations for achievement this will be monitored as part of SDOG • The system wide MH and Well Being strategy sets out the core priorities • Performance is being monitored via a range of committees as detailed above **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • Each of the MH programme portfolio projects are designed as mitigation actions for specific components linked to addressing the impact of the nature of the demand increases. Specific list available on request • Each programme has a clear delivery impact and evaluation plan to ensure that we can be assured of the efficacy of the mitigation • Need further insight into patient experience seeking patient experience measures to be factored into commissioning processes • MH ED task and finish group has been established to address the crisis pathway and the impacts of COVID on capacity in the systems– ~~The milestone plan for MHED has now been discussed and agreed with system COOs.~~ The MH ED programme has now driven a series of improvements from Street Triage increases to additional Sanctuary service in Gloucester house providing an alternative to ED for people in MH distress • ~~MH will be built into the design for 111 first to ensure people get the right support first time~~ MH services available via 111 first are now increasing to include the sanctuary service, and a connected approach to telephone support	**Assurances:** **The sources of assurances available relating to this objective are reports on the following** • Improved access and reduction in waiting time / lists for services • Reductions in OOA placements and S 117 • Lived experience feedback and surveys • Internal Audit Out of Area Placements (Dec 2020) • Programme portfolio delivery impact reports **Gaps in Assurance:** ***(What additional assurances should we seek?)***

• ~~MH services are being profiled onto MiDOS to ensure that GPs and other referring parties are able to access the full extent of system wide services~~ MH services have now been profiled onto MiDOS to ensure that GPs and other referring parties are able to access the full extent of system wide services • The elemental social prescribing platform will be available in Feb 2021 this will enable direct access to MH and wellbeing support services • IPS service is now live and taking referrals • NHS Benchmarking project has commenced and will help support measurement • New steering groups for Community MH services are now in place these are co-chaired by experts by experience • ~~Increased use of street triage and co-location with ambulance service from Jan 2021~~ • ~~Impact to be aligned with adjusted demand and capacity work~~ • ~~Greater focus on CAMHS and in particular eating disorder services (linked to CMHF)~~	

Learning Disability and Autism

2020/21 Objective: Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both, within Bristol, North Somerset and South Gloucestershire	**Director Lead: Rosi Shepherd**
Risk: As a result of a lack of integrated services there is a risk that we reduce the life choices for individuals with learning disabilities and autism which may result in widening of health inequalities and the health of the population in the future	**Date Last Reviewed: December 2020**
Risk Rating *(Likelihood x impact)* Initial: 4 X 4 = 16 Current:4x4 = 16 Target Risk Score: 3 x 4 = 12 	**Rationale for current score: the risk score is based on..**. • Current low performance of Annual Health Checks and Health Action Plans. • Number of people within the Transforming Care Programme place out of area remains above trajectory. • Robust approaches to ensure assurances regarding the quality of commissioned individual care packages in development. • Approaches to ensure implementation of learning from LeDeR reviews in development. • Identified need to increase levels of engagement and inclusion of people with Learning Disability and/or Autism, parents and carers and people from BAME community with of Learning Disability and Autism (LD&A) issues
Committee with oversight of risk Quality Committee	**Rationale for target risk:** The target risk score reflects the long term nature of this programme of activity to reduce the risk
Controls: *(What controls are in place to manage this risk?)* • BNSSG system wide Learning Disability and Autism programme board established and new Learning Disability and Autism SROs appointed to lead programme board. • CCG Learning Disability and Autism delivery group established. • Learning Disability and Autism delivery plan, including delivery targets, in place and monitored through CCG group	**Assurances:** The sources of assurances available relating to this objective are • Internal assurance provided through regular reporting of performance against key performance indicators and progress of action plans to Quality Committee, Learning Disabilities and Autism Programme Board and Governing Body • Internal assurance provided through regular reporting on LeDeR to LeDeR Steering Group, Quality Committee and Governing Body • LeDeR Internal Audit Report Feb 2020

• Regular performance reports to committees and governing body covering: Transforming Care performance indicators (reducing levels of inpatient placements), Adult Autism Assessment waiting times, Special Educational Needs and Disability (SEND), Annual Health Check and Health Action Plan delivery (Target 67% by end of Q4) • Learning Disabilities Mortality Review (LeDeR) Steering Group and review process established with representation from across all providers, primary care, social care and NHSE regional leads • LeDeR process includes Clinical Case Review to identify all learning • LeDeR Service User Forum established • Mechanisms to support integrated Education, Health and Care (EHC) needs assessment process in place • All contracts with providers include a learning disability schedule with Improvement Standards monitored through agreed IQPM processes **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • Development of a Comprehensive Quality Assurance Framework for individual placements made for people with LD&A in all residential settings including inpatients by end of Q3 • Development of agreed SOP for C(E)TR processes including Dynamic Support Register and thematic evaluation by end of Q4 • Full implementation of Commissioner Oversight guidance by end Q4 • Full implementation of Host Commissioner role for BNSSG by end of Q3 • EIA of TCP and CHC cohort of people with LD&A by end of Q4 • Development of LeDeR actions with specific themes to develop provider action plans by end of Q4 • Hosting learning events to raise awareness and share good practice	• CQC/Ofsted Joint Inspection Reports and written statements of action • Transforming Care Programme cohort reporting to NHSE and Learning Disability and Autism programme board **Gaps in Assurance:** BAME representation with specific experience of learning disability and autism issues on programme board, LD cells, operational working groups and LeDeR Steering Group to ensure the additional health inequalities experienced by BAME communities and people with learning disabilities are addressed in all workstreams. Comprehensive Quality Assurance processes relating to individual CCG commissioned placements made for people with Learning Disability and Autism

• Continued implementation of the Adult Autism Assessment Waiting List Initiative • Supporting Primary Care to improve annual health check uptake and increase the numbers of Health Action Plan resulting from Annual Health Check with evaluation of HAP delivery. Training and support for primary care practitioners in the completion of AHC and HAP development • Identification of lessons learnt from disproportionate impact of COVID 19 on people with LD&A and implications for other areas of inequality for example cancer screening and flu immunisation uptake • Establish mechanisms for the inclusion of people with LD&A and parent / relatives of people with experience of supporting a person with LD&A in future service development • SEND action plans in place with local authority partners Work in progress to align CYP with LD&A workstreams for people with LD&A	

Children's

2020/21 Objective: To improve the commissioning of services for children	**Director Lead: Lisa Manson**
Risk: **Integrated children's commissioning with Local Authorities is not fully developed, there is a risk that we are not optimising the care children receive and impacting on their life course**	**Date Last Reviewed: January 2021**
Risk Rating *(Likelihood x impact)* Initial: 4 x 4 =16 Current:4x3 = 12 Target Risk Score: 2x4=8 **Trend** 	**Rationale for current score:** Current commissioning arrangements do not put children at the centre of decision making which can impact on the outcomes, due to fragmented decision making.
Committee with oversight of risk **Clinical Executive, Quality Committee and Strategic Finance Committee**	**Rationale for target risk:** The intention is by developing integrated children's commissioning the outcomes for children will be optimised and the likelihood of the risk occurring will be reduced.
Controls: *(What controls are in place to manage this risk?)* • CCG Operational Children's Board • Joint SEND Board • Single Children's Provider • Children's Improvement Boards with LAs established • CCG wide SEND Coordination meeting in place – reports to Children's Operational Board Mitigating Actions: *(what further actions are needed to reduce the risk and close any identified gaps)* set of five actions to address risk • identify key deliverables to address and reduce risk – January 2021 • develop action plan with measurable outcomes and milestones January 2021 • Complex Children's Review – ongoing - due Q4 • Review of statutory services provided by CCHP – and an action plan to address gaps – ~~due Dec 2020~~ due Feb 2021 • Joint work on market engagement – ongoing due Q4 • Closer working with NHS E/I on tier 4 CAMHS Due Q4 and commitment in place between all parties • Developing an information sharing agreement – ongoing • BNSSG involved with the framework for integrating care as the vanguard site for the South West. The framework is part of the	**Assurances:** **The sources of assurances available relating to this objective are** • Written Statement of Actions being removed in all 3 LA areas • Positive funded care audits • Internal assurance provided through regular reporting of performance against key performance indicators and progress of action plans to Quality Committee, Commissioning Executive and Governing Body • Internal Audit Safeguarding (Dec 2020) • Internal Audit Continuing Health Care (April 2021) • SEND Reviews independently undertaken by OfSTED and CQC **Gaps in Assurance: *(What additional assurances should we seek?)*** Information sharing agreements between all partners, to ensure that we can monitor the outcomes and improvements in life course.

NHS response to the Long Term Plan (LTP) commitment of investing in additional services for children and young people with complex needs in the community. The Framework will support the Children and Families work stream within Healthier Together as it cuts across a number of programmes such as joint commissioning and new models of care.	

Funded Care

2020/21 Objective: Delivery of an integrated, efficient, Funded Care service achieving the "leading" level of the CHC Maturity Framework with high levels of positive patient experience and staff satisfaction	**Director Lead: Rosi Shepherd**
Risk 1 : **As a result of a lack of regular and accurate data, there is a risk that decisions made to support the transformation are not data driven which may result in not achieving 'leading' on the maturity framework, a poor service for the individuals and inequalities in the way we support our population.**	**Date Last Reviewed: December 2020**
Risk Rating *(Likelihood x impact)* Initial: 5x3 = 15 Current**: 3 x 3 = 9** Target Risk Score: 2 x 3 = 6	**Rationale for current score:** The risk score is based on... **Likelihood score reduced – automated reporting with aggregated data being developed** Impact: Without sound data, the team will not realise the scale of the problem faced in some areas nor be able to assess the impact of decisions/changes they have made or plan capacity to meet demand
Committee with oversight of risk Quality Committee Strategic Finance Committee	**Rationale for target risk:** The target risk score is to support the vision of BNSSG CCG delivering an outstanding service to the population we serve, are viewed as good partners to work alongside and achieve a high level of maturity against the national framework. Patients, families and carers will have confidence in the process resulting in a reduction in complaints.
Controls: *(What controls are in place to manage this risk?)* • Team data collection mechanism supports the development of plans to manage demand • Aggregated data across BNSSG being collected – Feb 2021 • KPI data included • Move to enhanced automated reporting - May 2021 • Additional grant funded BI support looking at pathways to support demand and capacity planning. • FNC Group established and monitors monthly activity, reporting to Quality Committee • Team self audit schedule developed • Team structures established • Funded Care Policies adopted and in place	Assurances: The sources of assurances available relating to this objective are • Internal assurance through Monthly reporting quality committee • Internal assurance through Finance reporting to Strategic Finance Committee • What about the CHC maturity Framework mentioned above – how is this reported to the Governing Body Gaps in Assurance: • Audit Committee yet to receive the CHC review and action plan • Plan submitted for Dec meeting

• Monthly finance reporting to Strategic Finance Committee with risks and mitigations highlighted Mitigating Actions: *(what further actions are needed to reduce the risk and close any identified gaps)* • Work force development plans submitted to NHSE to support delivery of deferred assessments • First draft scenario modelling underway to manage demand and capacity • Action plan is in production to respond to the CHC review	

People Plan

2020/21 Objective: Developing the CCG's People Plan	**Director Lead: Dave Jarrett / Sarah Truelove/Julia Ross**
Risk: There is a risk that a coherent People Plan for the CCG may not be developed and delivered if we do not bring together the many existing workstreams into one clear programme, develop an understanding of our current state of readiness and meaningfully engage with our workforce in the plan's development and ownership.	Date Last Reviewed: December 2020
Risk Rating *(Likelihood x impact)* Initial: 4x4=16 Current: **1x4 = 4** Target Risk Score: 2x4=8 **Trend** 	Rationale for current score: Establishment of People Plan Steering Group and programme plan has reduced risk score to below target risk score. Risk will continue to be monitored by People Plan Steering Group. People Plan Steering Group will continue to review the principal risk to the development and delivery of the People Plan and will update the risk, identifying controls, actions, and assurances for future Governing Body meetings
Committee with oversight of risk : Governing Body	**Rationale for target risk:** Development of cohesive programme plan and the establishment of an Executive led steering group to drive delivery and with staff engagement included as part of the process
Controls: *(What controls are in place to manage this risk?)* • Executive Team oversight of the People Plan development and Delivery • Individual workstreams in place with ad hoc separate reporting routes Learning and Development Policy agreed and process established including Learning and Development Panel • Equalities policies **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)*	Assurances: The sources of assurances available relating to this objective are: • Internal source of assurance – ad hoc and subject specific reports to Governing Body • Annual Staff survey • Internal Audit of Appraisal Process **Gaps in Assurance: *(What additional assurances should we seek?)*** • NHSE/I oversight of People Plan to be confirmed

Financial Sustainability

2020/21 Objective: Deliver financial sustainability and improved health outcomes through the use of population health management and a culture of systematically evaluating the value of our services to our population.	**Director Lead: Sarah Truelove/ Peter Brindle**
Risk: **As a result of the current culture driven by Payment by Results there is a risk that there will be a continuing focus on activity rather than value which may result in failure to deliver improved population health and financial sustainability for the CCG and the system.**	**Date Last Reviewed:** **March 2021**
Risk Rating *(Likelihood x impact)* Initial: 5x4=20 Current:4x4 = 16 Target Risk Score: 3x4=12 **Trend** 	**Rationale for current score:** The financial framework for the remainder of 20/21 has only just been confirmed and the arrangements for 21/22 are not clear. The payment regime to providers is very different to the previous ways of working and requires significant education and cultural change towards a needs based, value based approach. Organisations and individuals are not completely familiar or committed to this way of working.
Committee with oversight of risk **Strategic Finance Committee, Governing Body, Clinical Executive, Clinical cabinet, System Delivery Oversight Group**	**Rationale for target risk:** Reducing the likelihood would represent significant progress, but cultural change takes time and it is important we do this work systematically.
Controls: *(What controls are in place to manage this risk?)* • Single regulator working with the system • National proposed financial framework for the remainder of 20/21 drives system working • Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the Phase 3 recovery including transformation plans • Reporting internally to Strategic Finance Committee on monthly CCG and system financial position • Planning Oversight Group and DoFs providing oversight of system financial position. • Clinical Cabinet provides oversight and decision making regarding clinical models and pathways • Long term financial model developed as part of LTP response.	**Assurances:** • Internal audit report on savings plans and PMO processes, • Monthly Governing Body reports • Quarterly NHSE Assurance Meetings. • Local response to NHS Long Term Plan agreed with NHSE/I • Phase 3 financial plan agreed across the system **Gaps in Assurance:** ***(What additional assurances should we seek?)*** • Phase 3 plan yet to be agreed with NHSE/I

• The system's response to the Long Term Plan uses Value Based Healthcare as an organising principle. • Cohort 1 of Value Leaders to champion approach across system trained **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • Devise practical guides to 'doing' PHM and the Value approach. January 2021 Version one of the Value framework has been shared and is being used by the Community Mental Health Framework team, Learning Disabilities and Autism team, Integrated Care Partnership (ICP) model of care working group, Population Health, Prevention and Inequalities Steering Group and stroke reconfiguration programme. The first practical guide to PHM has been delayed due to resources being focused on mitigating the risk of specific health inequity issues related to the Pandemic • Update and engage DOFs across the system with work to date and the draft high level goals to gain their commitment to this work December 2020 • Ongoing engagement with the CCG Membership to use a Value Based Healthcare approach in developing their PCN and integrated care/locality plans Value/Team as now core members of the ICP Board. NHSE/I Wave II PHM programme continuing (albeit with slight delays) despite pandemic – whole system engagement has been high, • Support and encourage clinicians to identify areas of low value activity and explicitly commit to reducing and stopping it, particularly in the areas where productivity has been most impacted by COVID – ongoing A shared, rapid evaluation process being developed to learn from the pandemic-induced changes, focussed on supporting continuation of high value changes • Procure and implement an IT platform to identify, record and respond to clinical and 'person identified' outcomes date currently under review Procurement due to be completed by summer 2021. Pilot projects underway in North Bristol Trust focussed on shared decision-making in surgery and initiated for the new long Covid service • Developing a plan for embedding shared decision making across the system in recognition of evidence to suggest that it is a value-adding activity – January 2021 Clinical Cabinet event postponed until April	

due to acute pandemic pressures. Overall plan development delayed due to pandemic pressures.	